

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Postmark Here  
 8/5/05

Sent to  
 Raymond Audia Rosa  
 81 Highland Pt.  
 Crystal Daks  
 Levato, FL 34461

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ Print your name and address on the reverse so that we can return the card to you.  
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Raymond Audia Rosa  
 81 Highland Pt.  
 Crystal Daks  
 Levato, FL 34461

2. Article Number  
 (Transfer from service label) 7005 1160 0004 3111 1421

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 x Raymond Audia Rosa ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery  
 Raymond Audia Rosa 8-5-05

D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See instructions for "Service of Process by U.S. Marshal"

PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER 3:97-cr-0084-001(PG)
DEFENDANT RAYMOND GANDIA-ROSA	TYPE OF PROCESS WRIT OF GARNISHMENT

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
F.B.I. (Garnishee)  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
Federal Building Office, 5th Floor, Chardon Street, San Juan, PR 00918

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

H.S. GARCIA  
United States Attorney  
350 Chardon Street, Suite 1201  
San Juan, Puerto Rico 00918 FLU/RVV  
Tel No. (787)766-5656

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney other Originator requesting service on behalf of: <i>Rebecca Vargas-Vera</i> REBECCA VARGAS-VERA, A.U.S.A.	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (787)7666-5656	DATE 8/5/05
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## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 69	District to Serve No. 69	Signature of Authorized USM, Deputy or Clerk <i>R.S. [Signature]</i>	Date 8/5/05
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I hereby certify and return that ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Keith Byers (Legal Counsel - FBI)

Address (complete only different than shown above)

F.O.B. Hato Rey, PR  
5th floor - FBI office

☒ A person of suitable age and discretion then residing in defendant's usual place of abode

Date  
08/05/2005 11:40 ☐ am ☐ pm

Signature of U.S. Marshal or Deputy  
*[Signature]*

Service Fee \$45.00	Total Mileage Charges including endeavors -	Forwarding Fee -	Total Charges \$45.00	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRIOR EDITIONS  
MAY BE USED

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285  
Rev. 12/15/80  
Automated 01/00